FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions	_	00
NAME OF COMMITTEE (in fi	(Check if name is changed)	Example: If typying, type over the lines	Office use only
լ , UnitedHealth G	iroup Incorporated PAC (United fo	or _, Health)	
1			
	9900 Bren Road East		
ADDRESS (number and st	reet)		
(Check if addre	ss		
is changed)	Minnetonka		MN 55343 - 1
	(CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL		Out-	
andrew_g_tapii	ing@uhc.com / manuela_s_boehr 	m@unc.com 	
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
COMMITTEE'S FAX NI 202-383-6412	UMBER		
2. DATE 0.4	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C00274431	
4. IS THIS STATEME	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowl	rledge and belief it is true, correct an	nd complete
Type or Print Name of T	reasurer Eric Rangen		
Signature of Treasurer	Electronically Filed by Eric Range	<u>n</u>	Date 04 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may s	subject the person signing this State	•
	ANT CHANGE IN INFORMATI		
Office Use Only FE3AN042.PDF		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

	FEO Fo rn	n 1 (Revised 02/2003)	Page 2
5.	TYPE OF COI	MMITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.)	he candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d) X	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e) ^	This committee is a separate segregated fund	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.	ed fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
	Sierra Healt	h Services Political Action Committee	
	Mailing Addres	P.O. Box 15645	
		Las Vegas NV	89114
		CITY STATE A	ZIP CODE
	Relationship	Affiliated Committee	
	Type of Conne	ected Organization:	
	Corpo	oration Corporation w/o Capital Stock Labor Organ	ization
	Mem	bership Organization Trade Association Cooperative	

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W	rite or Type Committee	Name					
	UnitedHealth Gro	oup Incorporated PAC	(United for Health)				
		ds: Identify by name, and reco	address, (phone numbe rds.	r optional), and po	sition of the	e person in	
	Full Name	Andrew Tapling					
	Mailing Address	99	900 Bren Road East				
		M	innetonka		<u>//N</u>	55343	
	Title or Position ▼		CITY A	STA	ATE.	ZIP COD	E A
	Вос	ok Keeper		Telephone number	952	936	7140
	Mailing Address		000 Bren Road East				
		M	innetonka		<u></u>	55343 _	
	Title or Position ♥		CITY A	STA	ATE.	ZIP COD	E 🛦
	Tre	asurer		Telephone number	952	936	5778
	Full Name of Designated Agent	Karen Erickson					
	Mailing Address	99	900 Bren Road East				
		M	innetonka	<u>N</u>	<u>//N</u>	55343 –	
	Title or Position ▼		CITY A	STA	ATE 🛦	ZIP CODE	E A
	Des	signated Agent		Telephone number		, <u> </u>	

9.

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Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository,	ntains funds.	er depositories in which the committee deposits funds, holds	s accounts, rents
Lii			
Mailing Address			
			-
		CITY A STATE A	ZIP CODE 🛕
Name of Bank, Depository,	etc.	CITY A STATE A	ZIP CODE 🛕
Name of Bank, Depository,	etc.	CITY A STATE A	ZIP CODE 🛕
Name of Bank, Depository, Mailing Address	etc.	CITY A STATE A	ZIP CODE _
	etc.	CITY A STATE A	ZIP CODE A
	etc.	CITY A STATE A	ZIP CODE A

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Banks or Other Depositorion safety deposit boxes or maint	ains funds.	
Name of Bank, Depository, et	dc.	[ADDITIONAL]
Mailing Address		
	CITY 🛕	STATE △ ZIP CODE △
Name of Any Connected C	Organization or Affiliated Committee	[ADDITIONAL]
Fişerv Health Inc. Polit	ical Action Committee	
	ical Action Committee	<u> </u>
Mailing Address	5500 Wayata Blvd	
	Suite 500	
	Minneapolis	MN 55416
	CITY▲	STATE ▲ ZIP CODE ▲
Relationship Affilia	atad Cammittaa	i
	ated Committee	
Type of Connected Organiza		
Type of Connected Organiza		Labor Organization
	ation: Corporation w/o Capital Stock	Labor Organization Cooperative

Designated Agent			[ADDITIONAL]
Full Name Karen E	rickson 		
Mailing Address	9900 Bren Road East		
	Minnetonka		55343
Title or Position ♥	CITY A	STATE	ZIP CODE A
Designated		Telephone number	

FEC Form 1 (Revised 1/2001)

safety deposit boxes or mainta Name of Bank, Depository, etc	i.	[ADDITIONAL]
Mailing Address		
	CITY A STATE A	ZIP CODE 🛕
Name of Any Connected Or	ganization or Affiliated Committee	[ADDITIONAL]
	ganization or Affiliated Committee	[ADDITIONAL]
	ganization or Affiliated Committee	[ADDITIONAL]
	ganization or Affiliated Committee	[ADDITIONAL]
InitedHealth Group		[ADDITIONAL]
JnitedHealth Group	rganization or Affiliated Committee	[ADDITIONAL]
InitedHealth Group		[ADDITIONAL]
InitedHealth Group	9900 Bren Road East	
JnitedHealth Group		[ADDITIONAL]
JnitedHealth Group	9900 Bren Road East	55343
JnitedHealth Group	9900 Bren Road East Minnetonka	55343
JnitedHealth Group Mailing Address	9900 Bren Road East Minnetonka CITY STATE	55343 ZIP CODE A
JnitedHealth Group Mailing Address Relationship	9900 Bren Road East Minnetonka CITY STATE	55343
JnitedHealth Group Mailing Address Relationship	9900 Bren Road East Minnetonka CITY STATE	55343 ZIP CODE A
UnitedHealth Group Mailing Address	9900 Bren Road East Minnetonka CITY STATE	55343 ZIP CODE A

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Designated Agent			[ADDITIONAL]
Full Name Karen Erick	son		
Mailing Address	9900 Bren Road East		
	Minnetonka		55343
Title or Position ♥	CITY A	STATE A	ZIP CODE A
Designated Age		Telephone number	

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Banks or Other Depositor safety deposit boxes or main	ntains funds.	funds, holds accounts, rents
Name of Bank, Depository, 6	etc.	[ADDITIONAL]
Mailing Address		
	CITY 🛕 STATE	ZIP CODE 🛕
	STATE	ZIF CODE A
Name of Any Connected	Organization or Affiliated Committee	[ADDITIONAL]
		[ADDITIONAL]
Golden Rule Financial	Corporation Political Action Committee	
	7440 Woodland Drive	
Mailing Address	7440 Woodiand Drive	
	Indianapolis	46278
	CITY▲ STATE	ZIP CODE 🛦
Relationship Affil	iated	ı
Relationship		
Type of Connected Organiz	zation:	
X Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Orga		Cooperative
Wernbership Orga	Trade Association	Cooperative

Designated Agent			[ADDITIONAL]
Full Name Karen Er	ickson 9900 Bren Road East		
-	Minnetonka	MN	55343
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
Designated	Agent		

Telephone number

FEC Form 1 (Revised 1/2001)

Name of Bank, Depository, e]	
Mailing Address				
Mailing Address				
	c	CITY 🗖	STATE. ⊿	ZIP CODE 🛕
	•		OTATE	211 0002 2
Name of Any Connected (Argonization or Affiliated Co			
Name of Any Connected C	Organization or Affiliated Co	ommittee	[ADDITIONAL]
			[ADDITIONAL]
	organization or Affiliated Co			ADDITIONAL]
				ADDITIONAL]
				ADDITIONAL]
Mid Atlantic Medical S	erivces Inc. Political Ac			ADDITIONAL]
Mid Atlantic Medical S	erivces Inc. Political Ac			ADDITIONAL]
Mid Atlantic Medical S	erivces Inc. Political Ac		[ADDITIONAL]
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Mid Atlantic Medical S	erivces Inc. Political Ac			ADDITIONAL]
Mid Atlantic Medical S	erivces Inc. Political Ac		[
Mid Atlantic Medical S	4 Taft Court Rockville	tion Committee	MD L	20850
Mid Atlantic Medical S	4 Taft Court Rockville			
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Mid Atlantic Medical Some	4 Taft Court Rockville	tion Committee	MD L	20850 _
Mid Atlantic Medical Some	4 Taft Court Rockville	tion Committee	MD L	20850 _
Mid Atlantic Medical Sometimes Mailing Address Relationship	4 Taft Court Rockville	tion Committee	MD L	20850 _
Mid Atlantic Medical Sometimes Mailing Address Relationship	4 Taft Court Rockville	tion Committee	MD L	20850 _
Mid Atlantic Medical Sometime Mailing Address Relationship Affilia Type of Connected Organiza	4 Taft Court Rockville	tion Committee	MD L	20850
Mid Atlantic Medical Sometimes Mailing Address Relationship	4 Taft Court Rockville	tion Committee	MD L	20850

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Designated Agent			[ADDITIONAL]
Full Name Karen Eric	kson		1 1 1 1 1 1 1 1 1
Mailing Address	9900 Bren Road East		
_	Minnetonka		55343
Title or Position ♥	CITY A	STATE.	ZIP CODE A
Designated A		Telephone number	_==

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Banks or Other Deposit safety deposit boxes or m		
Name of Bank, Depositor	ry, etc.	[ADDITIONAL]
Mailing Address		
	CITY 🔼	STATE ZIP CODE A
Name of Any Connecte	ed Organization or Affiliated Committee	[ADDITIONAL 1
		[ADDITIONAL]
	ed Organization or Affiliated Committee s, Inc. Committee for Quality Health Care	[ADDITIONAL]
		[ADDITIONAL]
		[ADDITIONAL]
Oxford Health Plans	s, Inc. Committee for Quality Health Care	
Oxford Health Plans	s, Inc. Committee for Quality Health Care 48 Monroe Turnpike	
Oxford Health Plans	s, Inc. Committee for Quality Health Care 48 Monroe Turnpike Trumbell	CT 06611 _
Oxford Health Plans	s, Inc. Committee for Quality Health Care 48 Monroe Turnpike	
Oxford Health Plans Mailing Address	s, Inc. Committee for Quality Health Care 48 Monroe Turnpike Trumbell	CT 06611 _
Oxford Health Plans Mailing Address	s, Inc. Committee for Quality Health Care 48 Monroe Turnpike Trumbell CITY 4	CT 06611 _
Oxford Health Plans Mailing Address Relationship	s, Inc. Committee for Quality Health Care 48 Monroe Turnpike Trumbell CITY 4	CT 06611 _

Designated Agent			[ADDITIONAL]
Full Name Karen Eric	ckson		
Mailing Address	9900 Bren Road East		
_	Minnetonka		55343
Title or Position ▼	CITY A	STATE	ZIP CODE A
Designated A		Telephone number	

FEC Form 1 (Revised 1/2001)

CITY A	STATE 4	ZIP CODE A
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	STATE 4	ZIP CODE A
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	STATE 4	ZIP CODE 🛕
ation or Affiliated Committee		
		[ADDITIONAL 1
		[ADDITIONAL]
nc. Employee's Political Action Committee		
AGE Plaza Drivo M/S CV20 529		
995 Plaza Drive M/S C 120-536		
		00620
yprus	64	90630 _
yprus	GA] [
lı	Inc. Employee's Political Action Committee	Inc. Employee's Political Action Committee

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Designated Agent			[ADDITIONAL]
Full Name Karen Eric	ckson		
Mailing Address	9900 Bren Road East		
_	Minnetonka		55343
Title or Position ▼	CITY A	STATE	ZIP CODE A
Designated A		Telephone number	

Image# 2893121	Image# 28931214557	
Form/Schedule: F1A Transaction ID:	Amending the Report to include all of our affliated committees.	